

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007868	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VILLA AT SOUTH HOLLAND, THE

**16300 WAUSAU STREET
SOUTH HOLLAND, IL 60473**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 1691239/ IL83861	S 000		
S9999	Final Observations Statement of Licensure Violations : 300.610a) 300.1030a)1,2 300.1030b) 300.1030c) 300.1030d) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1030 Medical Emergencies a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as: 1) Pulmonary emergencies (for example, airway	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/31/16

Illinois Department of Public Health

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S9999	Continued From page 1 obstruction, foreign body aspiration, and acute respiratory distress, failure, or arrest). 2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest). b) The facility shall maintain in a suitable location the equipment to be used during these emergencies. This equipment shall include at a minimum the following: a portable oxygen kit, including a face mask and/or cannula; an airway; and bag-valve mask manual ventilating device. c) There shall be at least one staff person on duty at all times who has been properly trained to handle the medical emergencies in subsection (a) of this Section. This staff person may also be conducted in fulfilling the requirement of subsection (d) of this Section, if the staff person meets the specified certification requirements. (B) d) When two or more staff are on duty in the facility, at least two staff people on duty in the facility shall have current certification in the provision of basic life support by an American Heart Association or American Red Cross certified training program. When there is only one person on duty in the facility, that person needs to be certified. Any facility employee who is on duty in the facility may be utilized to meet this requirement. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or	S9999		

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S9999	<p>Continued From page 2</p> <p>agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to immediately start chest compression on an unresponsive resident; failed to place a low air loss mattress in the proper setting for cardiopulmonary resuscitation (CPR), failed to have needed supplies in the emergency cart for suctioning and failed to deliver oxygen at level that is most beneficial to a resident during cardiopulmonary resuscitation.</p> <p>These failures apply to one of three residents (R5) reviewed for emergency care service in a sample of three. After emergency services were provided by paramedics, R5 was pronounced dead at the hospital. These failures also have the potential to affect 83 of 117 residents with a full code status including 13 residents on low air loss mattresses.</p> <p>Findings include: On 3/10/16, the following events were timed and documented by this surveyor as they occurred during R5's emergency code. The timed events show a delay of five minutes (12:55pm - 1:00pm) to start chest compressions and four minutes (1:00pm - 1:04pm) of providing chest compressions with questionable effectiveness due to lack of cardiac board and special mattress which was not in CPR mode, and failing to maintain a clear and patent airway (during CPR) due to malfunctioning suction machine and providing inadequate oxygen via resuscitator bag, in the process. On 3/10/16 at 12:55pm, E2 DON (Director of Nursing) and this surveyor were doing</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>observations and rounds when this surveyor noticed that R5 did not appear to be breathing. This surveyor asked E2 to assess R5 and it was discovered that R5 was not breathing and had no pulse. E2 stepped outside of R5's room and called out for help. Afterward, E2 returned back into R5's room but did not provide R5 with any chest compressions or rescue breaths. It was 5 minutes before CPR was initiated, when E7 Licensed Practical Nurse (LPN) arrived at R5's bedside, although E2 DON remained in R5's room after the initial assessment. The back board was not placed underneath R5 and R5's low air loss mattress was not placed in CPR mode (mattress deflation) until after CPR was initiated. The head of the bed was not lowered until after CPR was initiated.</p> <p>On 3/10/16, at 1:00pm, E7, Licensed Practical Nurse (LPN) entered R5's room and began chest compressions on R5 while the head of the bed remained in the upward position. E7 did not use a backboard or place R5's low air loss mattress on CPR mode (mattress deflation).</p> <p>On 3/10/16, at 1:02pm, E8 (LPN) took over R5's chest compression while E7 (LPN) connected the oxygen delivery bag to an oxygen tank at two (2) liters of oxygen and applied the Automated Electronic Defibrillator to R5. At this same time, E11 (Central Supply Clerk) was observed lowering the head of the bed. Immediately following E12, Licensed Practical Nurse (LPN) was observed placing the back board underneath R5.</p> <p>E12's LPN written interview/statement dated 3/11/16 indicates that E12 saw R5 receiving CPR; found R5's bed without a back board, retrieved the back board and placed it underneath R5.</p> <p>On 3/10/16, at 1:04 pm, E9 (LPN) entered R5's room and placed R5's low air loss mattress in CPR mode (deflated the mattress) and turned the</p>	S9999		

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S9999	Continued From page 4 oxygen tank that was connected to the manual oxygen delivery bag up to 15 liters. R5's low air loss mattress was immediately re-inflated by E11 (Central Supply Clerk), despite E9 LPN announcing that the deflation of the mattress was the CPR mode. On 3/10/16, at 1:08 pm, the paramedics arrived to R5's room. The paramedics run sheet dated 3/10/16 indicates R5 did not have respirations, heart rate or blood pressure. The paramedics, while placing a breathing tube into R5 requested suction equipment from staff present in the room. The paramedics requested suction and the facility's code cart was not stocked with suction supplies. E11, Central Supply Clerk was observed running down the hall to retrieve suction supplies, although the emergency cart was at the door of R5's room. On 3/10/16, at 1:10 pm, E7, LPN brought the suction machine into R5's room. The suction machine turned on but did not suction properly. On 3/10/16, at 1:22 pm E2, DON requested this surveyor's timeline stating she needed documentation of R5's code. The facility has not been able to provide a checked and signed code cart supply list as evidence that the emergency cart was being checked and restocked routinely as indicated in the facility's Crash Cart policy (dated 8/2014). According to R5's Physician Order Sheet (POS) dated 3/5/16 (R5's re-admission) there was an order for a full code. On 3/10/16, at 1:35 pm E8 (LPN) stated R5 was a full code. When asked what procedure should be followed when a resident is found unresponsive, E8 stated that you should call for help and immediately start CPR. On 3/10/16, at 1:45pm when asked how the emergency carts are checked, E4 (LPN) stated that the emergency carts should be checked	S9999		

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S9999	Continued From page 5 nightly. On 3/10/16, at 3:00 pm when asked when the emergency carts are checked E2, DON stated that the emergency carts should be checked at night by the night supervisor and an e-mail is sent to the supply clerk for replacement supplies needed. On 3/10/16, at 2:54 pm when asked what procedure is followed when a resident is found unresponsive, E9 (LPN) stated when a resident is found unresponsive you assess the resident, call for help and start one person CPR. E9 stated that you do not wait for a second person to start CPR. E9 stated she placed R5's bed in CPR mode for more effective chest compressions and increased R5's oxygen from 2 liters/minute to 15 liters/minute to provide more effective oxygen delivery. When asked how the emergency carts are checked, E9 stated that emergency cart should be checked nightly. On 3/10/16 at 5:29 pm during the daily status meeting, E1 Administrator stated that the emergency cart was locked when she brought it to R5's room during the code. On 3/14/16 at 9:30am E1 Administrator stated that R5's bed was mistakenly re-inflated during CPR by the central supply clerk who was at the foot of the bed during R5's code. On 3/14/16, at 10:54 am E2 (DON) stated she did not initiate CPR on R5 because R5's bed was not flat and she was trying to keep R5's airway open. When asked if R5 had a pulse or respirations upon initial assessment, E2 stated that R5 was not breathing and had no heart rate upon initial assessment. When asked what should have been done for R5 after calling for help, E2 stated that chest compressions should have been initiated on R5 right away. On 3/14/16, at 11:42 am Z2 (R5's Physician) stated compressions should be started right away	S9999		

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S9999	Continued From page 6 when a resident is found unresponsive and are more effective with a hard surface to provide more resistance. On 3/14/16, at 2:35pm E14, LPN was asked what procedure is followed when a resident is found unresponsive, E14 stated that when a resident is found unresponsive with no pulse or respirations CPR is initiated immediately after calling for help. On 3/14/16, at 2:40 pm E15, LPN was asked what procedure is followed when a resident is found unresponsive, E15 stated that CPR is initiated immediately after an assessment and a call for help is done when a resident is found unresponsive with no pulse or respirations On 3/15/16, at 8:37 am E11, Central Supply Clerk stated that she lowered R5's head of the bed during Cardiopulmonary Resuscitation (CPR). E11 stated that she noticed that the bed was going flat and thought someone accidentally hit the wrong button so she (E11) re-inflated R5's bed. When asked what her role was during the code, E11 stated that she was present during R5's code to provide additional assistance to the staff. According to the low air loss manufacturer's guidelines (undated) the CPR function deflates the whole mattress within seconds after a simple touch on the button in case of emergency. According to the facility's emergency checklist the emergency cart should contain suction catheter kit, suction extension tubing and suction tip. On 3/15/16, at 8:27 am E7, LPN stated that he brought the suction machine into R5's room after receiving the suction supplies that were missing from the emergency cart from E11. E7, LPN stated that the suction machine was not extracting secretions. E7, LPN stated the suction supplies should be inside of the emergency cart. On 3/15/16, at 8:37 am E11, Central Supply Clerk stated that the suction supplies should be in the	S9999			

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S9999	Continued From page 7 emergency cart. When asked if the suction supplies were on the emergency cart, E11 stated that the suction supplies were not on the emergency cart during R5's code. When asked how she (E11) knows the listed supplies are in the emergency cart, E11 stated that when the emergency cart is locked the list of supplies should be on the cart. On 3/16/16, at 12:45 pm E11, Central Supply Clerk stated that she has been the Central Supply Clerk for two (2) years. When asked if she has had CPR certification in the last two (2) years since becoming the Central Supply Clerk, E11 stated that she has not had CPR re-certification since becoming the Central Supply Clerk. The facility could not provide a CPR card for E11. On 3/16/16, at 1:33pm E12, LPN stated that she entered R5's room on 3/10/16 during a code blue and noticed that R5 was receiving chest compressions without a back board underneath her. E12 stated that she went to the crash cart that was located outside of R5's room, removed the back board from the back of the crash cart and place the back board underneath R5. When asked why the back board was placed underneath R5, E12 stated that the back board makes the chest compression more thorough. On 3/16/16, at 2:40 pm Z3 (Medical Director) stated that if the code status of a resident is unknown then Cardiopulmonary Resuscitation (CPR) should be initiated until the code status is established. When asked if the facility follows the American Heart Association (AHA) guidelines for oxygen delivery during a code, Z3 stated that the facility's policy has been revised to deliver 15 liters/minute of oxygen to meet the AHA guidelines. According to the facility policy entitled "code blue/medical emergency protocol" (undated), if a resident is unresponsive; initiate CPR following	S9999		

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S9999	Continued From page 8 the American Heart Association guidelines per resident ' s code status if patient is not Do Not Resuscitate. The American Heart Association guidelines indicates under bag-mask ventilation that the healthcare provider should use supplementary oxygen (O2 concentration >40%, at a minimum flow rate of 10 to 12 L/min) when available. On 3/10/16 during R5's emergency code supplemental oxygen was available but was titrated to deliver 2 liters/minute of oxygen. The facility's emergency procedure - Cardiopulmonary Resuscitation Policy dated April 2011, indicates that if an individual is found unresponsive and not breathing normally, a licensed staff member who is certified in CPR/BLS shall initiate CPR unless: DNR (Do Not Resuscitate) order prohibits CPR or obvious signs of irreversible death. On 3/10/16 at 1:00pm during the initial assessment E2 DON was observed touching R5's chest and stated that R5 was still warm. The facility Crash Cart Guideline, dated August 2014 indicates in part that facility staff should: assess daily for secured lock/seal; have consistent shift for checking; replace all supplies. (A)	S9999			

Imposed Plan of Correction

Facility Name: Villa at South Holland

Survey Date: March 16, 2016

Complaint: # 1691239/IL83861

Violation: A

300.610a)

300.1030a)1,2

300.1030b)

300.1030c)

300.1030d)

300.1210b)

300.3240a)

Section 300.610 Resident Care Policies

- a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1030 Medical Emergencies

- a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as:
 - 1) Pulmonary emergencies (for example, airway obstruction, foreign body aspiration, and acute respiratory distress, failure, or arrest).

Attachment B
Imposed Plan of Correction

- 2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest).
 - b) The facility shall maintain in a suitable location the equipment to be used during these emergencies. This equipment shall include at a minimum the following: a portable oxygen kit, including a face mask and/or cannula; an airway; and bag-valve mask manual ventilating device.
 - c) There shall be at least one staff person on duty at all times who has been properly trained to handle the medical emergencies in subsection (a) of this Section. This staff person may also be conducted in fulfilling the requirement of subsection (d) of this Section, if the staff person meets the specified certification requirements.
 - d) When two or more staff are on duty in the facility, at least two staff people on duty in the facility shall have current certification in the provision of basic life support by an American Heart Association or American Red Cross certified training program. When there is only one person on duty in the facility, that person needs to be certified. Any facility employee who is on duty in the facility may be utilized to meet this requirement.

Section 300.1210 General Requirements for Nursing and Personal Care

- b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Section 300.3240 Abuse and Neglect

- a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.. (Section 2-107 of the Act)*

This will be accomplished by:

1. A committee consisting of, at a minimum, the Medical Director, Administrator, and Director of Nursing will review and revise the policies and procedures regarding Emergency Cardiopulmonary Resuscitation (CPR) and EMS (Emergency Medical Services). This review will ensure that the facility's policies and procedures address, at a minimum, the following:
 - A. Recognition of situations requiring immediate intervention and following physicians orders regarding Emergency Cardiopulmonary Resuscitation (CPR).
 - B. The facility's responsibilities in taking appropriate corrective action to prevent future delayed treatment in emergency situations requiring Cardiopulmonary Resuscitation.
 - C. Each direct care-giving staff shall review and be knowledgeable about his or her residents' care plan in regards to Advance Directives/ Code Status.

Attachment B
Imposed Plan of Correction

2. The facility will conduct mandatory in-services for all staff that addresses, at a minimum, the following:
 - A.) All staff will be informed of their specific responsibilities and accountability for the care provided to residents.
 - B.) All staff will be inserviced regarding Residents Rights and Advanced Directives.
 - C.) All staff will be inserviced on Abuse and Neglect Policy, including procedures for identifying and reporting suspected abuse.
3. Through the following Quality Assurance measures, the facility will monitor effectiveness and compliance with this Plan of Correction:
 - A. Mock Code Blue drills will be conducted for all staff quarterly. Crash Cart audits will be performed by Director of Nursing weekly for eight weeks, and then quarterly to ensure the sign out sheet is completed and visible items are present.
 - B. Employee files will be audited and staffing schedules will be reviewed weekly to ensure , at a minimum, at least two direct care staff per shift , are current in certification in the provision of basic life support by an American Heart Association or American Red Cross certified training program and that these certifications are renewed as recommended.

Completion date: Ten days from receipt of the Notice for the Imposed Plan of Correction

Attachment B
Imposed Plan of Correction